



CHI HARMONY ACUPUNCTURE

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Testimonial Release Form

Please write a statement about your experience at Chi Harmony Acupuncture. Examples of what you may wish to include are: condition you are being treated for; how it helped; how long it took; and any types of life changes that occurred as a result. Thank you for taking the time to write a testimonial!

Please circle the information that you give consent to include with the above testimonial:

I give permission for you to include my: Gender: Y / N Age: Y / N City/State: Y / N

Name: First Last First & Last Initials only None (please keep me anonymous)

Authorization and Release Information

I understand my testimonial as outlined above (the "Testimonial") and made on behalf of Chi Harmony Acupuncture (hereinafter called "CHA") may be used in connection with publicizing and promoting CHA. I authorize CHA to use my name, brief biographical information, and the Testimonial as defined on this form.

I hereby irrevocably authorize CHA to copy, exhibit, publish or distribute the Testimonial for purposes of publicizing CHA's programs or for any other lawful purpose. These statements may be used in brochures and other printed publications, multimedia presentations, on websites or in any other distribution media. I agree that I will make no monetary or other claim against CHA for the use of the statement. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness or my testimonial appears.

I hereby hold harmless and release CHA from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Signature: _____ Date: _____

I have read the authorization and release information and give my consent for the use as indicated above.

Printed Name: _____ Email: _____

Address: _____

City/ State/ Zip: _____ Telephone: _____